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ABSTRACT

As part of its work in improving the lives and life changes of children in the Philadelphia region, the Philadelphia Citizens for Children and Youth examined the problem of local childhood lead paint poisoning. This report describes their efforts, beginning with a description of the impact of lead poisoning on children's health and a discussion of the causes and scope of the problem in the Philadelphia area, focusing on the special needs of pregnant women. Philadelphia's efforts to combat lead poisoning are then detailed, including those related to detection and screening, education and outreach, housing remediation, and treatment. The report discusses on-going problems with childhood lead poisoning and emphasizes the importance of prevention and early intervention. A diagram compares the financial costs of four examples of intervention to keep healthy those children who live in lead poisoned homes. A map details the number of children identified in 2001 with high blood lead levels for the Philadelphia Council Districts. The report describes promising lead-abatement practices from Massachusetts, Rhode Island, and Wisconsin. Thirteen recommendations for Philadelphia are then presented, including commitment to taking strong action to prevent infants from being injured by lead, eliminating the backlog of poisoned homes, increasing the capacity to complete lead hazard reduction work on homes of newly poisoned children, increasing the number of trained lead hazard reduction workers, working with the federal government to develop programs to repair houses and make them safe, and expanding lead poisoning prevention education and outreach activities. (Contains 37 endnotes.) (KB)

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Toward A Safer City For Children

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A 2002 Report on Childhood Lead Paint Poisoning in Philadelphia

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Toward A Safer City For Children

Philadelphia Citizens for Children and Youth

Founded in 1980, PCCY serves as the region's leading child advocacy organization, working to improve the lives and life chances of the region's children. Through thoughtful and informed advocacy, community education, targeted service projects and budget and policy analysis, PCCY seeks to watch out and speak out for children in the region.

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The Impact on Health

Lead poisoning harms hundreds of thousands of children across the country every year. It is the number one environmental health problem among children, and it is *completely preventable.*[1]

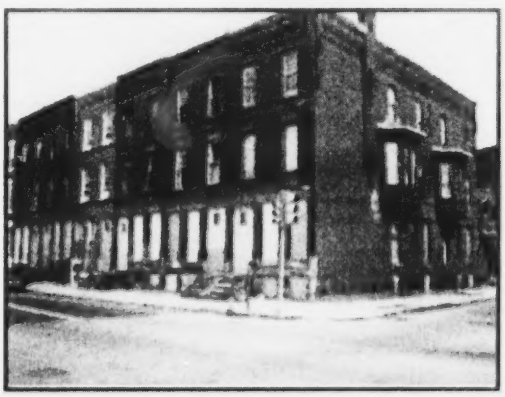
Yvette's Story

Shortly after Yvette's first birthday, her health care provider ordered a routine blood test to check for lead, and her test came back moderately elevated. Yvette had been living in an older home in University City, so her provider was not surprised to find an elevated result. About a year later, she had her second test done, but this time her lead level was dangerously high. She was immediately admitted to Children's Hospital of Philadelphia and treated with intravenous medications. The City inspected her house and found lead hazards. Yvette was treated and sent back to the same home that had already poisoned at least two other children before she lived there.

Lead is the leading cause of non congenital mental retardation.

Even though it is a rare for a child to die from lead poisoning, affected children experience the symptoms and consequences of lead's presence on a daily basis. Recent research shows that even small amounts of lead in a child's blood – amounts smaller than what the Centers for Disease Control and Prevention identify as borderline high – affects his/her mental capacity; a child loses two IQ points once his or her blood lead level rises to the minimum definition of lead poisoning.[2] It has become apparent that no amount of lead in a child's blood is without detrimental consequences. Loss of intellect, however, is just the tip of the iceberg.

Shortened attention span, hyperactivity, learning disabilities, developmental delays, mental retardation, neurological and physical health problems, aggression, and antisocial or delinquent behavior have also been associated with lead poisoning. Very high levels of lead exposure can cause convulsions, coma, and even death.[3] Children with elevated blood lead levels lose intellectual capacity, are more likely to display behavior problems, and perform poorly in school. This translates into lead poisoned children making less progress in school, requiring special education, and failing to graduate from high school.[4]



The Causes and Scope of the Problem

Philadelphia ranks fourth among U.S. cities in having the greatest the number of housing units containing high risk lead hazards.[5]

Children under five years old whose families are low-income and who live in houses that were built before 1978 (when lead-based paint was banned for residential use) are the most vulnerable to the risk of lead paint poisoning.[6] Between 42,000 and 50,000 young children in Philadelphia are low income and between 58% and 78% of low-income occupied homes were built before 1950. Thus, tens of thousands of Philadelphia children are at risk for lead poisoning.[7]

Almost one million children nationwide and one of every six children screened in Philadelphia have elevated blood lead levels.

The lead-based paint in older homes deteriorates over time, breaking off into paint chips that become a fine dust contaminating both the interior and exterior of a home. Young children play on the floors and in the yards of these homes, and often stick their fingers – coated with lead-laden dust from floors, windowsills, and toys – into their mouths. In Philadelphia in 2000, 6,483 children, or 1 in 6 children ages 0-5 who were tested had elevated levels of lead in their bodies.[8]

Although the percentage of children who are screened for lead has increased substantially, there are still thousands of Philadelphia children who may be lead poisoned. They remain unidentified because they haven't been tested for lead. The 2000 census reveals 98,161 children ages 0-5 residing in the City;[9] only 42% or 41,014 children were reported to the City as having been screened.[10] The remaining 57,000 children were not tested.

Special Needs of Pregnant Women

Many pregnant women in Philadelphia live in homes that are dangerous to their children.

While we know how many children are tested in any given year and are found to have elevated lead levels, we don't know how many newborn babies are being brought home after delivery to live in poisonous environments. An ambitious attempt to identify these children and their families in Philadelphia is currently underway.

This year, through grants from the state and federal governments and with the support of the City and private philanthropy, the City has greatly expanded its home visiting programs to pregnant and new parents, particularly in North and Southwest Philadelphia. Recognizing that new families are much stronger, healthier, and smarter if they are protected from lead in their households, the City's Healthy Start and the Nurse-Family Partnership home visiting programs undertook new lead poisoning prevention efforts.

Home visitors from both programs take lead dust wipes in the homes and help identify what needs to be done to make the homes safer for new babies. When the project staff finds a highly contaminated home, the City staff inspects the home, identifies the hazards, and attempts to take remedial action. This initiative designed to prevent children from ever becoming lead poisoned, is the first of its kind in the City and appears to be a unique program in the country.

Home visiting program staff have tested almost 40 homes for the presence and risk of lead. All these homes have tested positive for dangerous levels of lead, but the City's inspectors found that most of the homes they'd inspected as part of follow up were in relatively good repair and needed minimal hazard reduction work to bring them into compliance. A small investment could save these babies and their future siblings from being injured.

The number and severity of children who are lead poisoned has declined, but still thousands of Philadelphia children are unnecessarily injured every day.

The good news is that across the nation, the incidence of lead poisoning has dramatically declined. Philadelphia is no exception (see Table 1 on the next page). The percent of children who have elevated blood lead levels has consistently decreased over the last seven years. (Lead in blood is measured in micrograms per deciliter. A blood level between 10 and 19 mcg/dL is considered elevated. A blood lead level greater than 19 mcg/dL poses even greater danger and is considered the action level for triggering an immediate environmental/home inspection by the City).

Despite these major improvements, far too many children are still being permanently injured – and many more are likely to be harmed because of the City's large stock of dilapidated housing. Yet, ***lead poisoning has been and remains an entirely preventable condition.*** The knowledge about how to eradicate lead poisoning has existed for decades; the *will* to spend the necessary resources and the *resolve* to take action, however, remains elusive.

Table 1: Percent of Children with Elevated Blood Lead Levels in Selected Years [11,12]

Calendar year	Percentage of children screened with blood lead levels >9 mcg/dL	Percentage of children screened with blood lead levels >19 mcg/dL
1993	43.0%	11.0%
1996	40.0%	8.0%
1998	27.5%	5.2%
1999	20.7%	3.5%
2000	15.8%	2.1%*

(* The definition of the action level for lead poisoning changed in 2000 to include not only children with blood lead levels > 19 mcg/dL but also children with blood lead levels > 14 mcg/dL on two tests in a six month period.)

What Philadelphia Currently Does About Lead Poisoning

A. DETECTION & SCREENING

If hundreds of children were reported as having measles or chicken pox every week, we would declare an emergency; yet every week in Philadelphia, about 125 children are reported as lead poisoned. We have become conditioned to the crisis.

Lance's Story

Lance was almost two when he had his first blood lead screening done. He lived in an apartment with his twin sister and mother in North Philadelphia in the 19138 zip code where, as of 2000, almost one in five children screened had elevated tests. Lance's test result was high – high enough to warrant a prescription for pills to try to bring his level down. The City's Lead Program inspected the property right away and found several areas of peeling and chipping paint. The City educated the owner about how to stabilize the deteriorated paint in a safe manner so as not to stir up more lead dust particles in the process. The owner decided to do the work himself. At the follow-up inspection, the owner had not yet made the proper repairs and the house did not come into compliance. One month later, the owner had completed the work, and the City deemed the house safe for Lance to live in. While Lance may experience on-going symptoms of lead poisoning, he is at less risk for continued harm because he lives in a safer environment.

Increased screening efforts have played an important role in decreasing the incidence of lead poisoning in the United States.[13] Screening allows public health officials to catch the illness early. While many of the effects of lead exposure are irreversible, screening helps prevent more detrimental problems from developing at some future time. Screening by itself will not stop the initial damage; children are still used as 'canaries in the mines' for after-the fact identification of lead hazards. But until all homes in Philadelphia are lead safe, screening remains a vital tool for reducing harm.

The City advises health care providers to screen children at ages one, two, and three and recommends that a blood test be done on children between the ages of three and six years who have never been screened. Medicaid requires screening of recipients at ages one and two, but the requirement is often not heeded. It is estimated that nationwide only 24% of young children and 33% of children living in poverty are screened.[14]

Philadelphia screened 42% of the targeted population last year. While this compares favorably to the national average, there is still much work to be done to ensure the safety of Philadelphia's children (see Table 2).

Table 2: Change in Number of Children Screened 1996-2000 [15,16]

Calendar year	Number of children screened	Percentage of change from previous year
1996	37,045	+ 222%
1997	37,046	0
1998	31,152	- 16%
1999	29,131	- 6.5%
2000	41,014*	+ 41%

(* The fluctuations between 1999 and 2000 may be a result of increased laboratory reporting requirements enacted at this time).

Even with increases in the number of children screened, thousands of at-risk children still need to be screened in Philadelphia. Incorporating lead blood tests during routine pediatric check-ups and expanding education and outreach efforts to both health care providers and parents will make a difference.

B. EDUCATION & OUTREACH

Advocates credit education and outreach activities with playing an important role in reducing the incidence and severity of lead poisoning.

In 1995, the Philadelphia Department of Public Health's Childhood Lead Poisoning Prevention Program launched an extensive media campaign placing posters at SEPTA stops and on buses, as well as developing and distributing literature in health centers and community organizations. In 1997, the Lead Program reached out to health care providers with a comprehensive document detailing lead poisoning sources, screening schedules, treatment modalities, prevention techniques, and referral information. City staff also provided more than 1,000 educational sessions to families and community groups in 2001 alone.

Other City departments and advocacy organizations have worked with City staff to spread the word about lead poisoning prevention. The Philadelphia Coalition Against Childhood Lead Poisoning developed and distributed a variety of brochures, and the National Nursing Centers Consortium launched the Lead Safe Babies Program which sends trained lay outreach workers, nurses, and nursing students on home visits to provide mothers of infants with information and materials to keep their children free from poisoning. The staff follows-up with the caregivers just before the baby reaches nine months and encourages them to get their children screened. In the last two years, home visitors have completed 200 home visits in North Philadelphia and another 70 visits in West and Northwest Philadelphia.[17]

C. HOUSING REMEDIATION

About 1,400 properties are on a waiting list in need of hazard reduction work, but the City has had the capacity to complete only 50 homes a year.

Once a child's blood lead level reaches a certain level (exceeding 19 mcg/dL or two tests over 14 mcg/dL in a six month period), the City's lead program initiates immediate contact with the child's parent or caregiver. City staff conduct an environmental inspection of the child's residence(s) identifying the presence of lead-based paint and taking sample dust wipes to detect lead. Inspectors look for chipping, peeling, or deteriorated paint as well for any structural deficiencies in the residence such as plumbing leaks and roof problems which may contribute to the decomposition of the paint.

Based on the results of the inspection, the Lead Program informs the property owner of the existing hazards and orders their repair within 30 days. Some homes will only require minor repairs such as safely removing spots of chipping paint from a room or two, sealing those areas with a fresh coat of paint, and regularly cleaning the home to reduce the build up of lead-laden dust. Other homes require more extensive repairs that could include replacing windows and doors or encapsulating exterior windowsills to permanently trap lead-based paint. Still others require replacement of entire residential systems such as plumbing, roofing, or heating systems.

The cost of residential lead paint abatement can easily exceed 25% of the market price of a home making abatement an impossibility for most families. There are, however, interim lead reduction measures that can make many homes safer.

Historically, abatement was used as the primary strategy for household lead removal. Abatement, or the removal of all lead paint, costs many thousands of dollars, an expense often out of the reach of families and local governments. In recent years, many other strategies have been undertaken to stabilize deteriorating paint including safely scraping peeling paint and painting over the area, washing down the walls and floors, using specialized vacuums to trap the lead dust, encapsulating problem areas, and replacing window sills and other high risk structures. Depending on the condition of the home, these and other temporary interim steps can make the home safer. Some of these actions may have to be repeated every few years to ensure the home's safety.

When a home is found to be dangerous, homeowners and landlords must either undertake the hazard reduction work themselves or hire contractors to do it. In the absence of these options, the City's staff tries to perform the work. Due to inadequate resources and insufficient numbers of staff, however, the City's capacity to provide these services is extremely limited. The City has employed one team that completes work on roughly one property per week or 50 properties per year. In 2001, the City provided additional funds to the Lead Program to deploy one more team which increased its capacity, but these two teams have not begun to put a dent in the demand for hazard reduction work. Currently, the Lead Program has approximately 1,400 homes on a waiting list – which also means that at least that many children continue to be poisoned in their homes.

OWNER-OCCUPIED HOUSING: Many homes in Philadelphia that are dangerous to children due to lead are owner-occupied. Low-income families have little access to funds to improve the condition of their homes. Standard hazard reduction work costs about $2,000, and while this is much less costly than abatement, it is an amount many homeowners find prohibitive. The Lead Program reports that it is harder to enforce work orders in owner-occupied residences than in tenant-occupied residences because of the lack of laws regulating property maintenance.

TENANT-OCCUPIED HOUSING: Lead disclosure laws for landlords renting to families with young children have helped the City enforce orders for lead hazard reduction work – but they are not a panacea. There are many landlords who are in total compliance, but there are others who act illegally, issuing eviction notices to families instead of completing the required repairs. Some other landlords rent residences known to be poisoned to other families with young children without disclosing the presence of lead hazards. Often a family desperately needs a home and is not able to make demands of the landlord. While it is illegal for landlords to undertake such practices, enforcing disclosure laws and building and health codes can be difficult.

D. TREATMENT

Every two and a half weeks a child is admitted to a hospital for emergency medical treatment of severe lead poisoning.[18]

Troy's Story

Troy was 13 months old when he was first screened for lead and his blood test came up elevated at 24 mcg/dL. For the next two and a half years, Troy's blood tests ranged from 21 to 50 mcg/dL until finally he was hospitalized at age three with a highly toxic level of 65 mcg/dL. Since birth, Troy lived with his mother in a home owned by his father who owed back taxes on the property. The house had been inspected on multiple occasions, but repairs were never made. Meanwhile, when Troy turned two, his brother David was born and his brother Devon a year and a half later. The family continued to live in the house that kept poisoning Troy and eventually poisoned his younger brothers. David tested at 45 mcg/dL near his second birthday and Devon's test was 28 mcg/dL when he was 16 months old.

The medicine that Troy, David and Devon needed was a safe house.

The prescription for poisoning is the elimination of children's environmental exposure to lead. The treatment of children's homes, like the one the Harris' live in, must occur simultaneously with medical treatment in order to improve a child's health status.[19]

If a child's blood lead screening test shows a level greater than 9 mcg/dL, treatment protocols call for more frequent follow-up testing, nutritional counseling, and education about exposures and prevention of further poisoning. Health care providers are mandated to report the names of children with blood lead levels greater than 9mcg/dL to the City. Referrals to the Early Intervention program may also be appropriate if a child presents with or is at great risk of developing common poisoning symptoms such as developmental delays, learning difficulties, or shortened attention span.

Medication to decrease lead in a child's body is indicated for children who are more severely poisoned with blood lead levels greater than 44 mcg/dL.[20] Unfortunately, a number of kids require treatment with medication every year. In 2000 in Philadelphia, health care providers diagnosed an average of one child per week in need of the chelation drugs that pull toxins out of the blood.[21] The majority of these children are prescribed pills that parents can administer at home. But the pills are unpleasant, and cajoling a young, sick child to take a large, unpleasant smelling pill two to three times a day over a three week period proves to be a daunting task for some parents. As a result, some children do not get the full treatment.

A child whose blood lead levels climb above 70 mcg/dL is admitted to the hospital under the conditions of a medical emergency. Coma, seizure, and death are associated with blood lead levels in this range.[22] Chelation medications are administered intravenously and the child often requires intensive care because of the drugs' potentially dangerous side effects. Because of the City's limited capacity and the high costs of hazard reduction work, even the most severely poisoned children may leave the hospital and return to, or finish their pills in, a home that continues to poison their bodies and minds and perhaps those of their younger siblings as well.

On-Going Problems

For children living in Philadelphia's highest risk zip codes,
the rate of elevated blood lead levels is more than 10 times the national average.[23]

Childhood lead poisoning is a daunting problem for the City, yet it is far from insurmountable. The major barrier to reducing or eliminating its incidence is doing too little too late. At best, we treat the condition once it occurs instead of taking actions to stop it from ever occurring in the first place. Striking a satisfactory balance between attacking the root causes of the problem, dilapidated housing and poverty, and handling the symptoms of the problem through medical care and special education, remains a challenge.

While we have to treat children who become poisoned, imagine the savings in school costs and medical care that could be avoided if we invested in preventing lead from ever poisoning children!

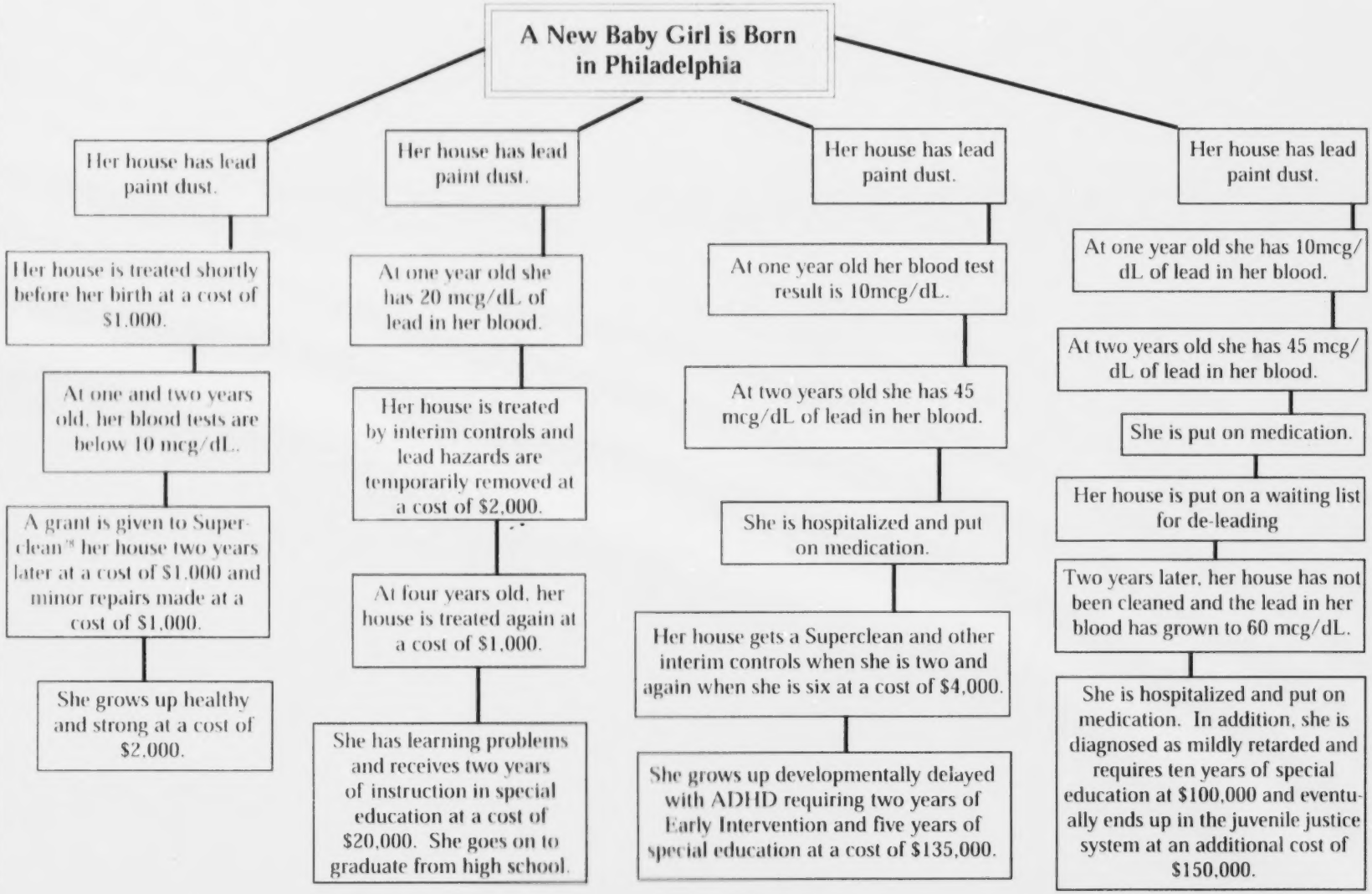
It costs about $2,000 to take interim steps to protect one child from
lead poisoning or about $135,000 to treat it.

The $135,000 we spend to treat one seriously poisoned child could be invested to spare 65 children from the irreversibly damaging effects of lead. Somehow we have to do both now, but if we invest more in prevention we won't have to watch children grow up harmed from lead.

The average annual cost of Early Intervention services alone for 0-3 year olds in Philadelphia is $21,400 but can rise as high as $60,231 per year.[24] These funds support a comprehensive array of speech and physical therapy services as well as special instruction required for the deleterious physical and behavioral health problems that poisoning inflicts on toddlers. The estimated costs are relatively conservative because we do not take into account expenses such as reduction in workforce participation and future lifetime wage losses that are estimated to range from $200,000 to $300,000.[25] Researchers have also demonstrated a strong connection between lead poisoned youth and higher rates of juvenile delinquency and incarceration costing thousands of dollars.[26] The cost of treating poisoned siblings drives up costs, whereas if measures are taken to stabilize or remove lead exposures, children living in the house for years to come could be kept out of harm's way.

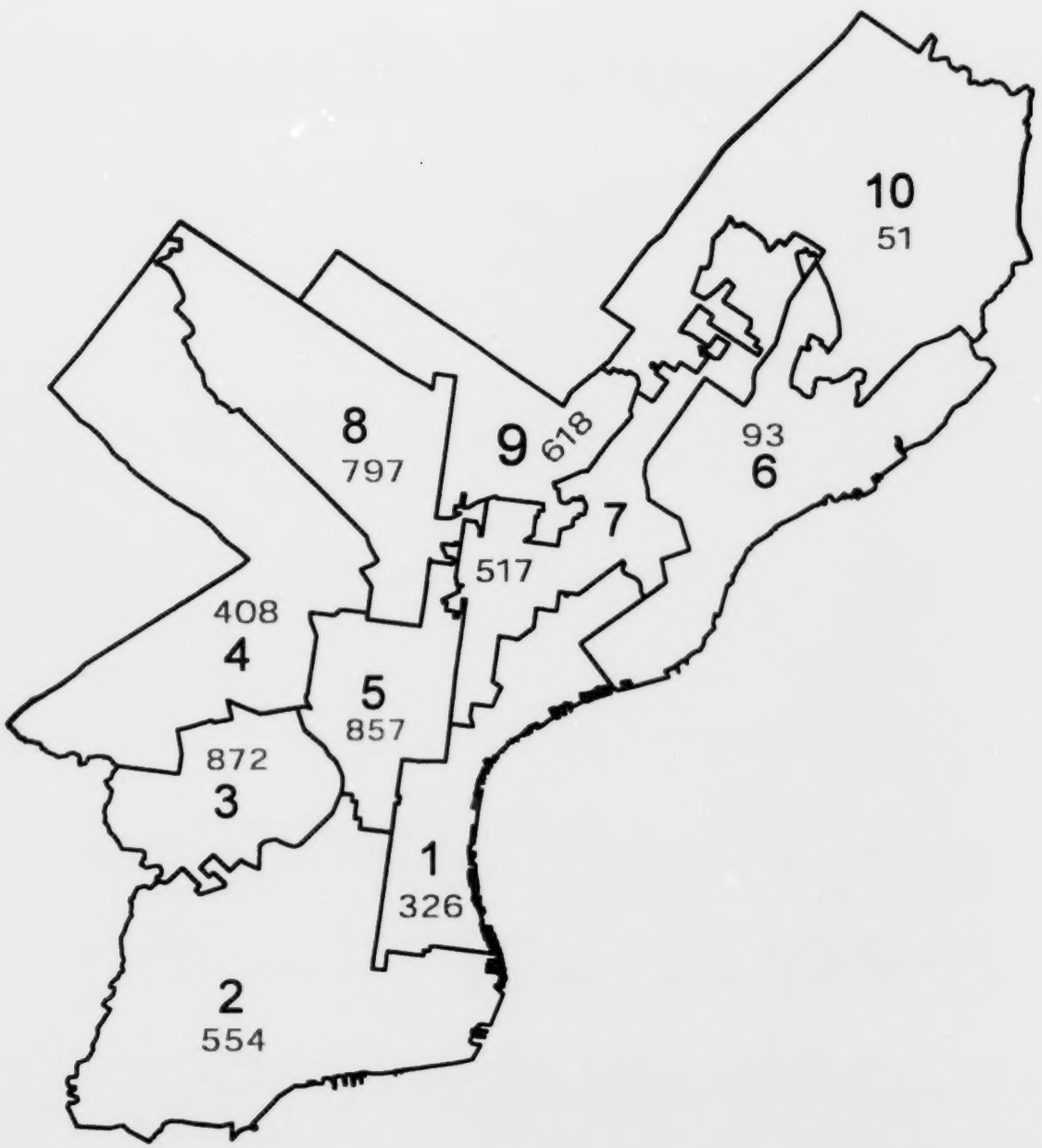
The diagram on page 13 illustrates four examples of intervention expenses to keep children healthy who live in lead poisoned homes.

Examples of The Financial and Health Impacts Lead Poisoning Can Have on Children and Communities[27].


A New Baby Girl is Born in Philadelphia
Her house has lead paint dust.
Her house is treated shortly before her birth at a cost of $1,000.
At one and two years old, her blood tests are below 10 mcg/dL.
A grant is given to Superclean[28] her house two years later at a cost of $1,000 and minor repairs made at a cost of $1,000.
She grows up healthy and strong at a cost of $2,000.
Her house has lead paint dust.
At one year old she has 20 mcg/dL of lead in her blood.
Her house is treated by interim controls and lead hazards are temporarily removed at a cost of $2,000.
At four years old, her house is treated again at a cost of $1,000.
She has learning problems and receives two years of instruction in special education at a cost of $20,000. She goes on to graduate from high school.
Her house has lead paint dust.
At one year old her blood test result is 10mcg/dL.
At two years old she has 45 mcg/dL of lead in her blood.
She is hospitalized and put on medication.
Her house gets a Superclean and other interim controls when she is two and again when she is six at a cost of $4,000.
She grows up developmentally delayed with ADHD requiring two years of Early Intervention and five years of special education at a cost of $135,000.
Her house has lead paint dust.
At one year old she has 10mcg/dL of lead in her blood.
At two years old she has 45 mcg/dL of lead in her blood.
She is put on medication.
Her house is put on a waiting list for de-leading
Two years later, her house has not been cleaned and the lead in her blood has grown to 60 mcg/dL.
She is hospitalized and put on medication. In addition, she is diagnosed as mildly retarded and requires ten years of special education at $100,000 and eventually ends up in the juvenile justice system at an additional cost of $150,000.

Number of New Cases of Lead Poisoned Children in 2001 by Council District

The following map of Philadelphia Council Districts shows the number of children screened in 2001 who had high levels of lead in their blood[29]. These are only the number of poisoned children we know about; there are many others who have not been tested.



Promising Practices Elsewhere

Almost 70 years after France and Belgium outlawed the use of lead paint in homes, the United States acted.[30] The federal government recently has called for the eradication of lead poisoning by 2010.[31]

MASSACHUSETTS

Massachusetts has been hailed as one of the most aggressive states concerning lead laws. For 30 years, property owners have been required to permanently remove lead hazards in any residence where a child under six years old lives.[32] Abatement spares any future children who may come to reside in the residence from harm. In 2000, only 3.6% of the 27,541 children screened in Boston had elevated blood lead levels.[33] For nearly 15 years, Massachusetts has provided income tax credits to property owners and renters to make abatement possible. The tax program allows individuals who have income tax liability to subtract the cost of the lead work from the amount of taxes owed at the end of the year. In 1994, the last year for which data is available, 4,300 citizens claimed the credit for a total of $5.3 million, and more than half had annual incomes of $50,000 or less.[34]

Boston is on its way to eliminating lead poisoning by 2005. Representatives from federal, state, and City government as well as community based organizations and consumers gathered at the end of 2001 to craft a plan to make Boston the first U.S. City to eradicate lead poisoning.[35]

RHODE ISLAND

In 1998, Rhode Island successfully obtained a Medicaid waiver that allowed the state to use its unspent Medicaid dollars to replace lead-painted windows in the homes of poisoned children. Rhode Island simultaneously established the Lead Safe Center to oversee the initiative and to provide related non-medical yet Medicaid reimbursable services including education, case management, housing advocacy, and temporary housing assistance for families whose children are in greatest danger. Advocates in Rhode Island demonstrated a cost-savings to the state by acting proactively and eliminating a common source of poisoning to prevent hundreds more children from permanent injury.[36]

WISCONSIN

Milwaukee created a multi-level approach involving new ordinances, enforcement, subsidies, and education to attack the issue. The Milwaukee Health Department also secured funds to repair and replace windows, and this activity is just one part of a more comprehensive pilot program the City launched in 1999. Their program targets 800 rental units in two of the highest risk areas of the City. Landlords must secure a certificate demonstrating compliance with lead hazard ordinances. The health department will assist landlords to this end through subsidies procured through a national Housing and Urban Development grant to repair windows and pay contractors for up to 50% of other repair costs. Recognizing the need to increase the pool of qualified contractors, the health department offered contractors free trainings. In the first six months of the project, the City reported that 80% of landlords had applied for a certificate. The fines for non-compliance are sizeable as are the fines for lack of maintenance and falling into non-compliance: a landlord could be fined up to 40% of the property's market value.[37] Milwaukee thus applies pressure to secure and maintain compliance.

Recommendations

Philadelphia can take a giant step and move from being one of the most dangerous cities for children to being one of the safest!

THE CITY SHOULD:

1) *Commit to taking strong action to prevent babies from being injured by lead by:*
   - Supporting and expanding the home visiting program to pregnant women to identify measures that will protect babies from being poisoned;
   - Developing a separate fund to conduct supercleans and hazard reduction measures when the home visiting programs identify problem homes where pregnant women live;
   - Conducting outreach and education to all pregnant women concerning strategies to make their homes and children safer, and
   - Creating a funding priority for Section 8 housing for pregnant women whose homes cannot be made safe by the interim hazard reduction measures.

2) *Eliminate the backlog of homes that have poisoned children.*

   More than 1,400 homes that have been identified as dangerous because they have poisoned at least one child are on the City's waiting list. The City must commit to wiping out the backlog. Within the next two years, the City must dedicate funds, energy, and resources to stopping the continued poisoning of children. For about $3 million we could wipe out the backlog, or we could spend 100 times that much treating the lifelong damage lead causes.

3) *Increase the City's capacity to complete lead hazard reduction work on the homes of newly poisoned children identified every day.*

   The City must hire additional work teams to keep up with the demand for work on newly identified homes. This action will prevent new homes from being added to the backlog.

4) *Create a pool of funds for grants and/or very low interest loans for property owners to make repairs.*

   The City should seek additional support from the State and Federal governments for a grant fund.

5) *Increase the number of trained lead hazard reduction workers.*

   The City should explore a variety of strategies to increase the number of workers and organizations capable of undertaking lead work. As local and state governments are training new workers through the Workforce Development Corporations, these public agencies should consider supporting training for certification for lead workers and developing collaborations with community organizations to oversee the work.

6) *Reinstate temporary "Lead Safe Houses."*

   The City must have temporary places available for families to move to when their homes are being cleaned. Although there had been several safe houses for this purpose supported by the federal government, the funding has ended. The City's housing agencies should show leadership in developing safe housing for this purpose.

7) *Create a Lead Safe Housing Registry.*

A housing registry, or listing of rental units determined to be lead-safe, would assist families in making informed choices and provide incentives for property owners to reduce/remove lead hazards.

8) *Integrate lead poisoning prevention activities into the City's anti blight program.*

Residential lead poisoning prevention activities are inextricably linked with plans for neighborhood revitalization. Dilapidated housing and crumbling commercial properties are the main sources of lead exposure in Philadelphia's highest risk neighborhoods. The neighborhood transformation initiative has a two-fold role in this area: First, the City must pay special attention to protecting children from lead dust as demolition occurs, and secondly, the initiative should provide the opportunity to develop more safe housing for children who are at risk of lead poisoning.

9) *Work with the federal government to develop programs that would result in houses being repaired and made safe.*

The City and Federal government must develop a comprehensive plan to focus on increasing resources to safely remove lead hazards from houses.

10) *Work with the State government to develop a Medicaid waiver.*

The State should follow the example of Rhode Island in applying for a Medicaid waiver so that Medicaid can help support the treatment of the homes of lead exposed children.

11) *Work with the State leadership to develop tax credits.*

Massachusetts has set an important example of providing tax reduction incentives for residential property owners to delead their homes. Pennsylvania should implement the use of tax deductions to make housing safer in the State.

12) *Increase blood lead test screening among Philadelphia's 0-5 year old population.*

More than half of all Philadelphia children 0-5 are never tested. More work needs to be done with health care plans and providers, particularly Medicaid providers, to ensure that children are being screened at the mandated intervals and elevated lead tests are reported to the City.

13) *Expand lead poisoning prevention education and outreach activities.*

Education and outreach have served as key strategies for reducing the incidence of lead poisoning in Philadelphia, yet thousands of children are still harmed by lead. The City should implement a broad-based and sustained media campaign to raise awareness among the general public, parents and providers.

Summary

Philadelphia can be a leader in saving children from the disastrous effects of lead poisoning.

· We *can* assure that babies are not brought into the world to live in lead contaminated houses by expanding the lead testing home visiting program and prioritizing the treatment of newborn's homes.

· We *can* make sure that children who have been poisoned do not have to be made sicker from living in dangerous homes by clearing up the backlog.

· We *can* keep up with current demands for lead hazard reduction work in the homes of newly identified poisoned children by increasing the number of City work teams.

· We *can* have the state apply for a Medicaid waiver to help pay for remedial work to treat the homes of children made sick by lead poisoning.

· We *can* have the federal government create a special housing program for families at risk of lead poisoning.

· We *can* go from being one of the worst cities for children and lead paint poisoning to one of the best.

· We *can* invest in saving our children now or spend much more later trying to treat them once they have been poisoned.

We know what needs to be done we just need to decide to do it!

Prevent

Keep Current

Wipe Out the Backlog

End Notes

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[27] Sources for estimated costs described in diagram are: Philadelphia Childhood Lead Poisoning Prevention Program, Memorandum 1-25-02; Briss, et al.; Childlink Program, 1-18-02; School District of Philadelphia, 2001. Department of Human Services, 2002 - Note: The cost for two years in a juvenile justice facility is approximately $150,000.

[28] A Superclean takes place when a specialized crew washes walls and windowsills and does minor repairs also using a powerful vacum cleaner known as a HepaVac to remove lead hazards from the home.

[29] Philadelphia Childhood Lead Poisoning Prevention Program, Memorandum 2-15-02, Note: Numbers on map do not include all new lead poisoned children in 2001. Due to the limitations in mapping software, some children not indentified.

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